

DRAFT
MINUTES
CONNECTICUT EMS MEDICAL ADVISORY COMMITTEE (CEMSMAC)
AND EMS CLINICAL COORDINATORS

Location: CHA - 110 Barnes Rd, Wallingford, CT 0649

May 12, 2016

Member Attendees: Kyle McClaine, William Begg(Phone), Jim Castellone, David Cone, Richard Kamin

OEMS Staff: Richard Kamin, , Raffella Coler, John Spencer, Wendy Furniss

Guests: David Baily, Sean Fitch, Marielle Daniels, Kevin Burns, Mike Zanker, Michael Zacchera, Patricia Palaia, Glenn Arremony, Jesse Boher-Clancy, Paul Rabeuf, Greg Allard

Chaired By: Kyle McClaine, Richard Kamin

TOPIC	DISCUSSION	ACTION
Meeting called to order at 10:00 am	The minutes of the April 2016 CEMSMAC meeting were reviewed.	Motion and second to accept as submitted – unanimous approval.

Regional MAC Reports (regional reps)	<p>I - As submitted II – No Report III</p> <ul style="list-style-type: none"> • QA/QI on regional basis, decision on what to use as QA/QI (cardiac arrest, STEMI, Stroke, etc), decision on benchmarks to be made • Drug control issue <ul style="list-style-type: none"> ○ Inconsistency in practice noted <p>IV – No Report V – No Report</p> <p>EMS-C – No report</p>	<ul style="list-style-type: none"> • Regional Drug Control concern(s) to be addressed at sponsor hospital level for now • Will bring back to Region/CEMSMAC re resolution or if needed • OEMS to potentially address with CT Drug Control given inconsistencies
DPH/OEMS Report	As Distributed	<ul style="list-style-type: none"> • Sponsor hospital oversight component in Local EMS Plan <ul style="list-style-type: none"> ○ Defined QA/QI included in this ○ Will distribute language to regions for discussion – plan for unified process (floor) to be considered • Sponsor Hospitals to be included in Everbridge announcements from OEMS – oversight to be corrected
Connecticut Unified EMS Protocols	<ul style="list-style-type: none"> • Cardiac Arrest <ul style="list-style-type: none"> ○ Discussion re clarifying that already provided CPR should be included for first responders • Concern for making clear the need for non cardiac arrests getting airway management • Discussion re airway adjunct language change and concern about AEMT scope • Rehab/MCI <ul style="list-style-type: none"> ○ Discussion on both 	<ul style="list-style-type: none"> • Will Include drug overdose in the indication for non-cardiac arrest • Will clarify regarding already provided CPR as long as thought to be quality • Motion to approve Cardiac Arrest Protocol with discussed changes – unanimous approval • To be distributed as needed to regions and brought back to CEMSMAC

EMS Destination Guidance	<ul style="list-style-type: none"> • Awaiting information from OEMS regarding current authority to set destination 	<ul style="list-style-type: none"> • Will remain on agenda
EMS Hand-off Process (Saxe/Begg)	<ul style="list-style-type: none"> • Discussion on issue – desire to have EMS own a more formal hand-off • Recent region III process looking at same issue <ul style="list-style-type: none"> ○ Transition tool may be good fix - keep streamlined • Import of linkage wirelessly is optimal 	<ul style="list-style-type: none"> • Motion – support development of more efficient hand off process between EMS and receiving facility – kamin/castellone – all in favor • Continued work between ED Directors Group and CEMSMAC expected
Potential Research Regarding Pre-Hospital Spine Injuries (Cone)	<ul style="list-style-type: none"> • Documents sent out from Dr. Cone to facilitate interest/participation • Dr. Cone brought up potential concern for amount of work <ul style="list-style-type: none"> ○ Expected number of actual spine fractured to be included should be small and as such make less difficult. • Need records to provide actual number of fractured patients • Question regarding unstable ligamentous injury – yes – to be counted (fracture or SCI in absence of fracture) 	<ul style="list-style-type: none"> • Offer from Dr. Cone to assist as needed, have IRB at Yale discuss with local IRB if needed. • Ultimate goal to turn into a prospective registry to guide care •

Equipment List Review (Kamin)	<ul style="list-style-type: none"> • ? EMT requirement about restraints – needs clarification – “violent patients specific” • 	<ul style="list-style-type: none"> • Need change for cardiac arrest meds • Send back to HEMS providers (2) in CT to review and provide final approval • Will clarify restraint requirement in list • Clarify version of list
Adjourned	<ul style="list-style-type: none"> • Next meeting – June 9, 2016 – Connecticut Hospital Association 	

Respectfully submitted: Richard Kamin MD, Kyle McClaine MD